

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number 09/575,189

				ADT I			NTITY		OTHER	ΤΗΔΝ
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E		OR_	SMALL E	
FOF		NUMBER		NUMBER E	XTRA	RATE	FEE		RATE	FEE
BASIC FEE							345.00	OR		690.00
TOTAL CLAIMS 14 333 minus 20=				= * 313		X\$ 9=	2817	OR	X\$18=	
			minus 3	<del></del>		X39=		OR	X78=	
	PENDENT CLA		IT OLAMA PRESENT							
MULTIPLE DEPENDENT CLAIM PRESENT						+130=	130	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	TOTAL	3292	OR	TOTAL OTHER	THAN
	CL	AIMS AS AI	MENDED	- PART II (Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL	
		(Column 1)		HIGHEST	(Column s)		ADDI-	1 [		ADDI-
۷		REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	AMENDMENT .	Minus	**	=	X\$ 9=		OR	X\$18=	
AEN	Independent	*	Minus	***	=	X39=		OR	X78=	
A	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL		4	TOTAL	
							ADDIT. FEEOR ADDIT. FEE			
		(Column 1)		(Column 2)	(Column 3)		LADDI	7		ADDI
TB		CLAIMS REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONA FEE
AMENDMENT		AMENDMENT	Minus	PAID FOR	=	X\$ 9=		OR	X\$18=	
S	Total Independent	*	Minus	***	=	X39=	<del>                                     </del>	OR	V70_	
M	Independent	1	UI TIPLE DE	PENDENT CLAI	N .		╁			1
$\vdash$	FIRST PRESE	NIAHON OF III				+130=		OR		
						TOTAL ADDIT. FEI		OR	ADDIT. FE	E
		(Column 1)		(Column 2)	(Column 3)	_				
$\vdash$		CLAIMS		HIGHEST NUMBER	PRESENT		ADDI-			ADD TION
O L		REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	TIONA FEE		RATE	FEE
TNEMOMENT	Total	*	Minus	**	=	X\$ 9=		OF	X\$18	=
I Z	Independent	*	Minus	***	=	X39=	1	OF	X78=	
	FIRST PRES	ENTATION OF N	MULTIPLE DE	PENDENT CLA	IM	100	1	1	000	=
Γ			the entry in co	olumn 2, write "0" in	column 3.	+130= TOTA		OF	<u> </u>	AL
	** If the "Highest N	lumber Previously	Paid For IN II	HIS SPACE IS 1635		ADDIT. FE	E	Of	ADDIT	EE L
	If the "Highest N The "Highest N	number Previously umber Previously F	Paid For" (Total	HIS SPACE is less or Independent) is	the highest numb	er found in the	appropriate	box in	column 1.	

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

Total Fee Calculation												
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total				
	Sm./Lg.				Sm. Entity	Lg. Entity	•					
Basic Filing Fee	201/101				345	690	=	, V				
Total Claims >20	203/103	-20	· / /	X	9	18	3	2.7				
Independent Claims >3	202/102	-3 =	·	X	39	78	Ŧ					
Mult. Dep Claim Present	204/104				130	260	=	12				
Surcharge	<b>2</b> 05/105				65	130	=	·				
English Translation	139							<del> </del>				
TOTAL FEE CALCULA	ATION							. i · f				

Total Filing Fees Due = Less Filing Fees Submitted

BALANCE DUE